

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015888

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 4293
Primary Registration District No. 18
FILED APR 20 1962

Registrar's No. 18

VS 300
Rev. 4/59

5570
20570

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4 0

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94201

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11

1290-2

133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY LINCOLN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY LINCOLN			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HURRICANE TOWNSHIP		Length of stay in lb LIFE		c. CITY OR TOWN ELSBERY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 mi. west of ELSBERY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5 MI. WEST OF ELSBERY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RALPH Middle EASTIN Last FRAZIER				4. DATE OF DEATH Month APRIL Day 18 Year 1962			
5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/26/95	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT - RETIRED		10b. KIND OF BUSINESS OR INDUSTRY COUNTRY STORE OWNER		11. BIRTHPLACE (City and state or country) RFD - ELSBERY, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOHN FRAZIER		13b. MOTHER'S MAIDEN NAME CORA LILLEY		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W. W. ONE				16. SOCIAL SECURITY NO.		17. INFORMANT HELEN FRAZIER Address ELSBERY, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Nov. 30, 1954 to April 18, 1962 and last saw her/him March 29, 1962 Death occurred at 3:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. M. Hull (Degree or title)				22b. ADDRESS Clatsburg, Mo.		22c. DATE SIGNED 4-19-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4/20/62	23c. NAME OF CEMETERY OR CREMATORY NEW HOPE		23d. LOCATION (City, town, or county) RFD - ELSBERY, Mo.		(State)	
24. FUNERAL DIRECTOR O. C. Ricks		ADDRESS Elisbury, Mo.		25. DATE RECD. BY LOCAL REG. 4-19-62		26. REGISTRAR'S SIGNATURE Ray T. Traveler <i>acting local Reg. H.A.</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

4-5-62

MAY 10 1962

Permit not obtained

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *O. G. [Signature]*

Licensed Embalmer No. 4012

P. O. Address Elsberry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.